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THE GREAT YARMOUTH  
EDUCATION AUTHORITY.

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THE  
ANNUAL REPORT  
OF THE  
SCHOOL MEDICAL OFFICER,  
FOR 1914.

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GREAT YARMOUTH:  
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*To the Members of the Education Authority of  
Great Yarmouth.*

TOWN HALL,

GREAT YARMOUTH,

*March, 1915.*

MR. MAYOR AND GENTLEMEN,

I beg to submit the Seventh Annual Report on the work of School Medical Inspection in this Borough.

Three classes of children were inspected during the year 1914 at the routine examinations, viz.: Entrants (all children admitted to school for the first time), 8-years-olds (for convenience all children born in 1906 were taken instead of waiting for each child's 8th birthday), and Leavers (all children over 12 years who had not previously been inspected at that age).

It will be seen that the number of children on the "excluded list" (see page 24) at the end of the year still shows a reduction on previous years, standing now at 131. This is very satisfactory, and shows how medical inspection has a great influence in that class of cases, encouraging parents to persevere in the eradication of disease and the prevention of its dissemination. Yearly, a larger proportion of these cases arriving at the Inspection Clinic are voluntarily brought by the parents without waiting for instructions from the Teacher or Attendance Officer. The continued reduction in the number of ringworm cases is eminently satisfactory in the absence of any public provision for treatment, the number at the end of 1914 being 25, as against over 300 seven years ago.

Throughout this report the notation devised by the Board of Education has been followed, but for convenience that part referring to the results of the routine examinations in the schools is printed at the end of the book.

(a) *General review of the hygienic conditions prevalent in the schools in the Borough.*

There are 17 elementary schools affording accommodation for 9534 children. Eleven schools are "provided" schools with 7,281 places, and six schools with 2,253 places are "non-provided."

Of these, twelve schools (nine provided and three non-provided) are housed in modern buildings with adequate hygienic conditions. The remaining schools were built at earlier dates when the necessity of good hygienic conditions in and around school buildings was not so fully recognised as at present. The most marked difference between the two types lies in the improved arrangements for lighting and ventilation, and roomy playgrounds which prevail in the more recent type. The difference in sanitary conveniences is not so marked, defects in these having been remedied in recent years.

(b) *General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service, and for the organization and supervision of medical inspection.*

The two services have been brought into close relationship by the appointment of the Medical Officer of Health as School Medical Officer, and of the Assistant Medical Officer of Health as Medical Inspector of school children. The whole of the systematic inspections are carried out by the latter, and organized and supervised by the former. In addition the Medical Officer of Health carries out the duties assigned to the School Medical Officer by Circular 596 of the Board.

N.B.—Dr. H. W. Harding having resigned his appointment in the autumn of 1914, Dr. J. D. Ingram was appointed in succession to the post of Assistant Medical Officer. Owing to the interval of nearly two months which elapsed before Dr. Ingram could take up his duties the work of routine inspection necessarily fell behind, and to fulfil the obligation of inspecting entrants and leavers, a proportion of the 8-years-olds had to be missed for the time.



- (i) The Board's Schedule of Medical Inspection has been followed in every particular, each schedule being afterwards copied, so that there are now two copies of the results of each inspection. This is necessary in order that one may be kept at the school, to be sent to another school or department when the child is transferred; and one to be kept at the Town Hall for reference and statistical purposes.
- (ii) There are two School Nurses, who also act under the Sanitary Authority as Lady Health Visitors. During the actual inspection the Nurse weighs and measures the children, does a preliminary test of the vision, prepares them for examination by loosening their upper garments, and where necessary points out to the parents the need of more hygienic clothing, cleanliness, etc. Apart from attending at inspections the Nurses are engaged in following up and urging medical attendance in cases where treatment is necessary; calling on parents to give the results of inspection in cases where the parent did not attend; and making enquiries in outbreaks of infectious disease, and in cases which require the special attention of the School Medical Officer.

The Head Teachers have been of the greatest use in sending out preliminary notices of inspection to the parents, in giving valuable information about the children, and in bringing forward special cases which otherwise would have been left until they arrived at a scheduled age. In many cases valuable information regarding cases of infectious disease has been afforded by Attendance Officers.

Managers of schools have always shown their willingness to aid the work in every way, so far as lay in their power. In this connection I wish to thank H.M. Inspectors of Schools for their courtesy in not allowing their inspections to clash with the medical ones.

- (iii) Notices were in all cases sent to parents, giving the date, and as near as possible the time at which their children would be examined. Three parents were called for each quarter of an hour, and this arrangement is found to work well, for, though this is considerably quicker than the actual rate at which the children are inspected, yet since 22% of the parents did not come, and many of the remainder came late, the result is that no parent is kept waiting long, and very few so long as fifteen minutes.

In 78% of the cases the parents, usually the mother, availed themselves of the opportunity to be present, the actual figures being as follows :—

FIRST EXAMINATION—Infants.

Girls ... Parents attended in 86% of cases.

Boys ... „ „ 86% „

SECOND EXAMINATION—( $7\frac{1}{2}$  to  $8\frac{1}{2}$  years).

Girls ... Parents attended in 86% of cases.

Boys ... „ „ 85% „

THIRD EXAMINATION—(Over 12 years).

Girls ... Parents attended in 76% of cases.

Boys ... „ „ 59% „

It will be noticed that in the case of the bigger children, particularly the boys, the parents considered them more capable of attending alone.

In 52 cases (as against 39 last year) the parents formally objected to the examination. It is probable that there will always remain a certain number of objectors, and that their number will not be much reduced below the present small one.

Any defects found were pointed out to the parents, who, if medical advice was considered necessary, were advised to obtain it without delay. When the parents did not attend they were sent notices which point out the defects and advise medical attendance to be obtained ;

in addition the Nurse called on them to explain. Some weeks after the inspection, usually during school holidays, the nurse calls to enquire as to whether treatment has been obtained, and if not to urge it once more. In this connection the Nurses paid 1610 visits during the year, and found that 23% of the children had received proper attention, for the majority of parents have not yet learnt to realise that a child who is not ill may yet have defects which require attention. This is particularly noticeable in cases of bad sight, where the parents do nothing because the child "does not complain."

As far as possible the giving of a definite diagnosis was avoided, this being obviously the duty of the medical attendant. This rule, however, was departed from in cases of contagious diseases, when it is necessary to give a reason for excluding a child from school.

- (iv) The existing school arrangements were disturbed as little as possible, regard being had for special classes, examinations, etc. It is, however, not always possible to avoid inspections during examinations, especially towards the end of the term, when all schools are holding them. In some cases, owing to the lack of a convenient room, the Head Teachers are put to considerable inconvenience, but this cannot be obviated short of structural alterations.

The method followed of taking children in batches of three ensures that a child is only away from its class for about a quarter of an hour on an average.

(e) *Review of the methods employed or available for the treatment of defects.*

The table on page 15 shows that 954 defects were found in 864 children (30%), to which it was necessary to draw the attention of the parents or teachers. In 171 of these children the defects were remediable by domestic methods, leaving 693 children who required definite treatment, either medical or dental.



The School Nurses paid 1610 visits to the homes of school children during the year, and found that 215 children out of 924 had received proper attention, *i.e.*, 23% as follows :—

	Teeth.	Sight.	Throat.	Various.	Total.
Advised Treatment	382	291	218	33	924
Obtained Treatment	67	74	51	23	215
Percentage	17	25	23	70	23

These children were inspected in the year, Sept., 1913, to the following Summer holidays, 1914.

No treatment was carried out at the expense of the Education Authority. The parents were invariably recommended to seek the advice of their own medical attendant, but in many cases they were unable to afford to pay for any medical treatment, and still less able to pay for treatment for special defects, such as naso-pharyngeal obstruction or defective vision.

Very few children obtained suitable glasses for the remedy of Defective Vision, except through the Great Yarmouth General Hospital, under the C. H. Christmas' Charity Scheme. As children living outside the limits of the Ecclesiastical Parish of Great Yarmouth are ineligible for free spectacles from the Hospital, those living in Gorleston and Southtown, as a general rule, do not get glasses at all.

Discharging Ears and Ringworms, Enlarged Tonsils, etc., in most of the cases were treated at the Hospital, a good number by private practitioners, and the remainder by domestic remedies. Very few received no treatment, owing, in cases of discharging ears, to the influence of Head Teachers, being markedly exercised, and in cases of ringworm to the scheme described on page 23. The same scheme deals also with Pediculosis and other skin Diseases.



(f) *Review of action taken to detect and prevent the spread of Infectious Disease.*

In every case of infectious disease notified to the Medical Officer of Health, enquiries were made as to the existence of children of school age in the infected houses, and 747 children were temporarily excluded from school attendance, either as patients (269) or contacts (478).

In addition 388 children were excluded, 29 at school inspections and 359 at the Education Office (see page 23).

All the above actions were taken under article 53 (b) of the Code.

During the year 1 Infant Department was closed on account of Diphtheria, under article 57 of the code, and 1 school was closed on account of Diphtheria under article 45, section b, of the Code.

Cases of Ringworm and other contagious diseases are dealt with at the Education Office, and when found to be cured are re-admitted to school. In the case of Ringworm of the scalp, no child is re-admitted until a microscopical examination of the hairs and scurf shows absence of the ringworm fungus. In this connection 19 microscopical examinations were made in the municipal Laboratory.

Suspected cases of Scarlet Fever and Diphtheria are notified to the Medical Officer of Health by the Head Teachers. "Contacts" of these diseases are excluded from school for a fortnight, and in the case of diphtheria are not re-admitted unless a bacteriological examination has given a negative result. It is unfortunate that, since the causatory organism of scarlet fever is still unknown, this procedure cannot be followed in both cases.

An alphabetical list of excluded children is kept in the Attendance Officers' room. This list gives all the particulars necessary for attendance work, and is kept up at the cost of considerable labour.

As there still appears to be some misconception on the subject it will not be out of place here to give an account of the method of exclusion.

- (i.) **Notifiable Infectious Diseases.**—Patients excluded until free from infection; contacts for the quarantine period (during which they are visited).
- (ii.) **Non-notifiable Infectious Diseases.**—Patients and contacts excluded by the Head Teachers for the periods and under the conditions laid down by the Local Education Authority in their “Standing Medical Orders.” These cases are so numerous that it is impossible for them to be visited.
- (iii.) **Contagious Skin Diseases** and certain conditions of ill-health (*e.g.*, Phthisis) excluded at School Inspections or at the Inspection Clinic.

In i. and iii. exclusion becomes operative by a red notice being sent the Head Teacher; re-admission by a corresponding white notice. In ii. no notices are necessary, the Standing Orders giving full directions. In iii. many children are excluded longer than necessary, through delaying to report themselves at the Inspection Clinic (or to obtain a certificate from their own doctor); this is purely a matter for the Attendance Officers.

(g) *Review of the methods adopted for dealing with Blind, Deaf, Mentally or Physically Defective and Epileptic Children.*

**Blind and Deaf Children** are admitted to the East Anglian Institution at Gorleston, a school which is shared by a number of authorities, and in which Great Yarmouth has twelve beds.

**Epileptic Children** are educated in the ordinary schools, except in the very few cases where it would be detrimental to the patient or the other scholars.

## GENERAL REMARKS.

The number of children found by the School Nurses to have obtained treatment remains at a low figure (23%). After seven years of medical inspection, to have to report that such a small proportion of children is benefitted is disheartening. If poverty were the sole cause of this neglect it would be easier to deal with, but the tables published on pages 14 and 15 of my report for 1912 shows that parental apathy is a serious factor to be reckoned with.

In my last report it was stated that the Education Committee had under consideration a scheme for the treatment of a limited number of cases of defective vision, carious teeth and ringworm. Unfortunately, the situation caused by the war has necessitated deferring this scheme for the present.

As this is the Seventh Annual Report, and the work is, by its nature, of a routine character, showing up the defects of childhood year after year, the general principles of those defects have been discussed in previous reports, and there is little of a general character to be noted, it remains only to record the detailed statistics of the year's work which follow.

In conclusion, to show how the work of the School Medical Service has grown up in less than seven years, the repetition of the following figures for the year 1914, from the body of this report, is of interest :—

Children systematically examined at school	..	2845
Children examined at the Office	..	976
Total number of visits paid by children to the Office		2662
Ringworm specimens microscopically examined		19
Visits paid by School Nurses to children's homes		1610

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

A. N. STEVENS,

*School Medical Officer.*



# REPORTS OF THE SCHOOL MEDICAL INSPECTORS

(DRS. H. W. HARDING AND J. D. INGRAM)

FOR THE YEAR 1914.

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(c) *General statement of the scope and extent of the medical inspection carried out during the year.*

## (i) VISITS TO SCHOOLS AND DEPARTMENTS.

For the purpose of inspection, which is carried out in the afternoon only, 146 visits were made; visits for other purposes were 67, making a total of 213.

## (ii.) THE SELECTION OF CHILDREN FOR INSPECTION.

The children inspected were selected according to their ages, and in the following order:—

(a) All children over 12 years.

(b) All children in the infants' departments, not previously inspected.

(c) All children born in 1906.

## (iii.) THE NUMBER OF CHILDREN INSPECTED.

The following table gives a classified list:—

AGE.		BOYS.	GIRLS.	TOTAL.
Infants	Under 4 years	1	1	2
	4 — $4\frac{1}{2}$ „	47	44	91
	$4\frac{1}{2}$ — 5 „	82	83	165
	5 — $5\frac{1}{2}$ „	162	166	328
	$5\frac{1}{2}$ — 6 „	162	143	305
	6 — $6\frac{1}{2}$ „	84	71	155
	$6\frac{1}{2}$ — 7 „	38	42	80
Born in 1906.	$7\frac{1}{2}$ — 8 „	..	8	8
	8 — $8\frac{1}{2}$ „	141	96	237
Leavers	$8\frac{1}{2}$ — 9 „	61	57	118
	12 — $12\frac{1}{2}$ „	137	165	302
	$12\frac{1}{2}$ —13 „	284	294	578
	13 — $13\frac{1}{2}$ „	229	191	420
	$13\frac{1}{2}$ —14 „	22	28	50
	14 — $14\frac{1}{2}$ „	4	2	6
		1454	1391	2845

	INFANTS.	BORN IN 1906	LEAVERS.
Boys	576	202	676
Girls	558	153	680
	1134	355	1356

The number of children expected for medical inspection was 1542 boys and 1500 girls. The following table gives the reasons assigned for their non-appearance :—

	INFANTS.		8 YRS. OLD.		LEAVERS.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Number examined	576	558	202	153	676	680
„ ill	37	24	4	2	22	19
„ away	5	8	2	2	10	10
„ objected	2	0	0	0	6	44
Total expected	620	590	208	157	714	753

The percentage of children inspected to those expected is 94.3 for the boys, and 92.7 for the girls.

(iv.) The number of children re-examined was 372. In connection with the re-examination of children found defective at the routine inspection, there was instituted during the year 1913 a card index system dealing with physically defective children with the exception of those referred to the dentist. It is hoped to keep these children under notice until such defects as can be remedied have been attended to. In cases of heart disease, it would mean keeping the child under observation all the school life ; cases of general debility and with signs of consumption in the lungs would be kept under observation until the child presented a satisfactory state of health or left school.

#### (v.) STATEMENT OF CHIEF DEFECTS.

The attention of parents was drawn to 954 defects in 864 children (nearly 34%). The parents were advised to obtain further medical advice with respect to 782 defects occurring in 693 children.



These defects were as follows:—

Defective vision or squint	...	200	or	7%
Carious (and septic) teeth	...	367	,,	12.9%
Naso-pharyngeal obstruction	...	68	,,	2.3%
Otorrhœa	...	21	,,	0.9%
Deafness	...	85	,,	3%
General Health	...	12	,,	0.4%
Various	...	29	,,	1%

(c) THE TIME OCCUPIED BY INSPECTION.

On the average 21 children were examined in an afternoon, varying from 2 hours to  $2\frac{1}{2}$  hours: this gives an average per head of 7 minutes.

(d) *General review of facts disclosed by Medical Inspection.*

**Previous Illnesses—**

The percentage of children reported to have suffered from Infectious disease :—

Disease.	Sex.	Infants.	Born 1906	Leavers.
Measles.	Boys	71	88	83
	Girls	71	89	90
Whooping Cough.	Boys	48	58	53
	Girls	51	60	59
Chicken Pox.	Boys	26	40	42
	Girls	25	40	47
Scarlet Fever.	Boys	4.5	6	12
	Girls	4.5	8	16
Mumps.	Boys	6	21	24
	Girls	6	21	29
Diphtheria.	Boys	3.3	3	5.6
	Girls	2.5	4	6.3

Other previous illnesses were :—

	Boys.	Girls.	Total.
Typhoid Fever	8	10	18
Rheumatic Fever	8	5	13
Chorea	5	2	7
Epilepsy	2	0	1

**Clothing and Footgear.**—The figures given in the following columns are lower than what is probably correct for two reasons: that children are sometimes kept away from inspection because of the bad condition of boots or clothes, and that frequently a special effort in the shape of satisfactory clothing is made for the inspection day.

**Heights and Weights.**—The average Heights and Weights are given in the following tables :—

### AVERAGE HEIGHTS.

		BOYS.				GIRLS.			
Age in Years.		No. Inspected	Total.	Inches.	Centim.	No. Inspected	Total.	Inches.	Centim.
Infants.	4 — 4½	47	4631	38.8	98.5	44	4290	38.4	97.5
	4½ — 5	82	8253	39.6	100.6	83	8283	39.3	99.8
	5 — 5½	162	16868	41	104.1	166	17104	40.8	103.6
	5½ — 6	162	17339	42.1	107	143	15160	41.7	106
	6 — 6½	84	9129	42.8	108.7	71	7694	42.7	108.4
	6½ — 7	38	4326	44.8	113.8	42	4679	43.8	111.4
Born 1906	8 — 8½	141	16964	47.3	120.3	96	11567	47.4	120.5
	8½ — 9	61	7431	47.9	121.8	57	6879	47.5	120.7
Leavers.	12 — 12½	137	19177	55.1	140	165	23280	53.1	135
	12½ — 13	284	39686	55	139.7	294	41682	55.7	141.7
	13 — 13½	229	33010	56.7	144.1	191	27702	57	145
	13½ — 14	22	3180	56.8	144.5	28	4099	57.6	146.4
	14 — 14½	4	606	59.6	151.5	2	294	57.9	147



## AVERAGE WEIGHTS.

		BOYS.				GIRLS.			
Age in Years.		No. In- spected	Total.	Kilog.	lbs.	No. In- spected	Total.	Kilog.	lbs.
Infants.	4 — 4½	47	767.9	35.9	16.3	44	682.4	34.2	15.5
	4½ — 5	82	1377.1	37	16.8	83	1359.8	36.2	16.4
	5 — 5½	162	2841.9	38.6	17.5	166	2838.5	37.7	17.1
	5½ — 6	162	2959.7	40.1	18.2	143	2542.9	39.2	17.8
	6 — 6½	84	1565.3	41	18.6	71	1284.4	39.9	18.1
	6½ — 7	38	771.5	44.7	20.3	42	801.6	42.1	19.1
Born 1906	8 — 8½	141	2342.2	50.7	23.0	96	2121.2	48.7	22.1
	8½ — 9	61	1443.6	52	23.6	57	1282.6	49.6	22.5
Leavers.	12 — 12½	137	4538.7	72.8	33.1	165	5407.6	72.1	32.8
	12½ — 13	284	9615.9	73.7	33.5	294	9909.9	74.1	33.7
	13 — 13½	229	8284.6	79.6	36.2	191	6898.6	79.4	36.1
	13½ — 14	22	783.3	78.3	35.6	28	994.9	78.1	35.5
	14 — 14½	4	163	89.4	40.7	2	71.2	78.6	35.6

TABLE SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

CONDITION.		ENTRANTS.				LEAVERS.				8-9 YEARS OLD.				TOTAL.		
		Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.
Number of Children Inspected		576	558	1134		676	680	1356		202	153	355		1454	1391	2845
Clothing	Satisfactory	561	556	1017	98.5	653	679	1332	98.2	192	151	343	96.6	1406	1386	2792
	Unsatisfactory	15	2	17	1.5	23	1	24	1.8	10	2	12	3.4	48	5	53
Footgear	Satisfactory	553	535	1088	96	658	660	1318	97.2	192	148	340	95.8	1403	1343	2746
	Unsatisfactory	23	23	46	4.0	18	20	38	2.8	10	5	15	4.2	51	48	99
Cleanliness of Head	Clean	562	437	999	88.1	665	562	1227	90.6	196	109	305	85.9	1423	1108	2531
	Nits only	13	116	129	11.4	8	115	123	9	4	42	46	13	25	273	298
	Pediculi	1	5	6	0.5	3	3	6	0.4	2	2	4	1.1	6	10	16
Cleanliness of Body	Clean	543	526	1069	94.3	664	672	1336	98.5	185	146	321	93.4	1392	1344	2736
	Dirty or verminous	33	32	65	5.7	12	8	20	1.5	17	7	24	6.6	62	47	109
Nutrition	Excellent	63	43	106	9.3	89	110	199	14.7	11	9	20	5.6	163	162	325
	Normal	501	504	1005	88.6	574	548	1122	82.7	186	137	323	91	1261	1189	2450
	Below normal	11	10	21	1.9	12	21	33	2.4	5	7	12	3.4	28	38	66
	Bad	1	1	2	0.2	1	1	2	0.2	0	0	0	0	2	2	4
Nose and Throat	No defect	492	488	980	96.4	566	578	1144	84.3	178	133	311	87.7	1236	1199	2435
	Mouth Breathers	17	11	28	2.5	21	10	31	2.3	2	2	4	1.1	40	23	63
	Tonsils { slightly enlarged { much enlarged	30	27	57	5	26	22	48	3.5	9	10	19	5.3	65	59	124
		27	24	51	4.5	29	52	81	5.9	6	4	10	2.8	62	80	142
	Adenoids { slight { marked	2	0	2	0.2	1	2	3	0.2	1	0	1	0.3	4	2	6
		1	4	5	0.4	8	5	13	0.9	1	0	1	0.3	10	9	19
External Eye disease	Other Nasal Obstructions	7	4	11	1	25	11	36	2.7	5	4	9	2.5	37	19	56
	No disease	556	547	1103	97.3	657	666	1323	97.6	196	150	346	97.6	1409	1363	2772
	Blepharitis & Conjunctivitis	15	9	24	2.1	18	13	31	2.3	4	3	7	1.9	37	25	62
	Corneal opacities	2	1	3	0.3	1	0	1	0.07	0	0	0	0	3	11	4
Ear Disease	Other disease	3	1	4	0.3	0	1	1	0.07	2	0	2	0.5	5	2	7
	No disease	552	543	1095	96.7	637	645	1282	94.5	185	147	332	93.5	1374	1335	2709
Teeth	Obstruction	16	11	27	2.3	35	27	62	4.6	13	4	17	4.8	64	42	106
	Otorrhœa	8	4	12	1.0	4	8	12	0.9	4	2	6	1.7	16	14	30
Teeth	Sound	70	92	162	14.3	234	223	457	33.7	13	14	27	7.6	317	329	646
	Less than 4 decayed	224	226	450	39.7	355	375	730	53.9	102	84	186	52.4	681	685	1366
	More "	282	240	522	46.0	74	73	147	10.8	87	55	142	40.0	443	368	811
	Sepsis	87	60	147	13.0	13	9	22	1.6	12	4	16	4.5	112	73	185



TABLE SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—continued.

CONDITION.		ENTRANTS.				LEAVERS.				8—9 YEARS OLD.				TOTAL.			
		Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.
Number of Children Inspected		576	558	1134		676	680	1356		202	153	355		1454	1391	2845	
Heart and Circulation	No defect	572	552	1124	99.2	672	674	1346	99.2	201	153	354	99.7	1445	1379	2824	99.3
	Anæmia	2	2	4	0.3	4	6	10	0.8	1	0	1	0.3	7	8	15	0.5
	Organic disease	2	4	6	0.5	0	0	0	0	0	0	0	0.0	2	4	6	0.2
Lungs	No disease	508	505	1013	89.3	610	639	1249	92.1	192	140	332	93.6	1310	1284	2594	91.2
	Bronchitis	39	27	66	5.8	8	4	12	0.9	1	3	4	1.1	48	34	82	2.9
	Tuberculosis	2	1	3	0.3	4	4	8	0.6	0	0	0	0.0	6	5	11	0.4
	Tuberculosis suspected	27	25	52	4.6	54	33	87	6.4	9	10	19	5.3	90	68	158	5.5
Condition of Skin	No disease	565	547	1112	98.0	668	675	1343	99.1	198	152	350	98.6	1431	1374	2805	98.56
	Ringworm	0	2	2	0.2	0	0	0	0	1	0	1	0.3	1	2	3	0.1
	Impetigo	5	4	9	0.8	3	3	6	0.4	0	1	1	0.3	8	8	16	0.6
	Scabies	0	1	1	0.1	0	0	0	0.0	0	0	0	0.0	0	1	1	0.04
	Other disease	6	4	10	0.9	5	2	7	0.5	3	0	3	0.8	14	6	20	0.7
Rickets	No disease	558	554	1112	98.1	662	677	1339	98.8	196	152	348	98.0	1416	1383	2799	98.43
	Of chest	18	4	22	1.9	13	2	15	1.1	6	1	7	2.0	37	7	44	1.5
	Other parts	0	0	0	0.0	1	1	2	0.1	0	0	0	0	1	1	2	0.07
Deformities	No deformity	570	550	1120	98.8	674	672	1346	99.2	201	153	354	99.7	1445	1375	2820	99.1
	Deformity present	6	8	14	1.2	2	8	10	0.8	1	0	1	0.3	9	16	25	0.9
Tuberculosis non-pulmonary	No disease	576	555	1131	99.7	671	679	1350	99.53	200	151	351	98.9	1447	1385	2832	99.6
	Glandular	0	2	2	0.2	1	0	1	0.07	2	2	4	1.1	3	4	7	0.2
	Bones and joints	0	1	1	0.1	4	1	5	0.4	0	0	0	0.0	4	2	6	0.2
	Other forms	0	0	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0	0	0.0
Speech	Not defective	566	558	1124	99.2	667	676	1343	99	201	149	350	98.6	1434	1383	2817	99.0
	Defective articulation	6	0	6	0.5	3	2	5	0.4	1	4	5	1.4	10	6	16	0.6
	Stammering	4	0	4	0.3	6	2	8	0.6	0	0	0	0	10	2	12	0.4
Mental Condition	Normal	...	...	...	...	612	577	1189	87.7	169	144	313	88.2	781	721	1502	92.7
	Backward and dull	...	...	...	...	59	101	160	11.8	29	8	37	10.4	88	109	197	6.9
	Defective	...	...	...	...	5	2	7	0.5	4	1	5	1.4	9	3	12	0.4
Vision	6/12ths or better	...	...	...	...	579	546	1125	83.0	179	138	317	89.3	758	684	1442	89.5
	Worse than 6/12ths	...	...	...	...	71	85	156	11.5	23	15	38	10.7	94	100	194	6.8
	Squint	12	8	20	1.8	8	10	18	1.3	4	0	4	1.1	24	18	42	1.5
	Have glasses	3	3	6	0.5	18	39	57	4.2	0	1	1	0.3	21	42	63	2.2



**Infectious or Contagious Disease.**—Children were excluded under Article 53 (b) of the Code for the following complaints :

			BOYS.	GIRLS.	TOTAL.
Chorea	...	...	1	0	1
Impetigo	...	...	8	6	14
Lung	...	...	2	1	3
General Health	...	...	1	1	2
Pediculosis	...	...	0	3	3
Scabies	...	...	0	1	1
Ringworm of Head		...	1	2	3
Various	...	...	0	2	2
			—	—	—
			13	16	29
			—	—	—

In connection with the above table, it must be noted that far more children are excluded on presenting themselves at the Inspection Clinic, and that teachers do not wait for the routine inspection to bring such cases forward.

**Heart Disease.**—Of the 15 cases of heart disease, 10 were cases of mitral regurgitation, 1 of mitral stenosis, and 4 of congenital disease.

Marked anæmia appears to be a rare complaint.

**Defective Vision.**—Children unable to read 6/12ths were advised to obtain further advice ; 64 of the elder children wore glasses ; 18 of these were considered satisfactory. It is not unusual to find children who can read better without their glasses than with them, and who leave them off in consequence.

**Deformities.**—The following table gives the number and nature of the deformities observed during the year:—

		Boys.	Girls.	Total.
Infantile Paralysis ...	...	3	5	8
Kyphosis or Lateral Curvature		3	0	3
Angular Curvature	...	1	2	3
Webbed Fingers ...	...	1	0	1
Torticollis	...	1	1	2
Old Hip Disease ...	...	1	3	4
Congenital Dislocation of Hip		0	2	2
Cleft Palate	...	0	2	2
Congenital Coloboma	...	0	1	1
Congenital Cataract	...	1	0	1
		—	—	—
		11	16	27
		—	—	—

**Glands of Neck.**—The majority of children have enlarged submaxillary glands, as the following table shows:—

	Boys.	Girls.
Submaxillary glands, palpable	85%	81.7%
„ „ prominent	4%	4%
Posterior cervical glands, palpable	34%	29%
„ „ prominent	0.9%	0.6%

**History of Tuberculosis** —In 4.9% of the children, a family history of consumption was obtained: such a history usually means that 2 or more near relatives have died of that disease.

**Tuberculosis of the Lungs.**—During 1914, eleven children, 5 boys and 6 girls, were notified as suffering from pulmonary tuberculosis.

**Nervous Diseases.**—The most important disease is chorea : there was only one case found amongst those systematically examined, but on referring to the work carried out at the Inspection Clinic it will be noted that 1 boy and 2 girls were excluded for this condition during the year. There was no case of epilepsy amongst those examined. Under the heading of Deformities the result of various paralyses are mentioned.

Several children were being attended by their own doctor for the following complaints :—

		Boys.	Girls.	TOTAL.
Deafness ...	...	5	2	7
Otorrhœa	...	1	4	5
Corneal Ulcer	...	1	0	1
Anæmia ...	...	0	1	1
General Health	...	0	1	1
Keratitis ...	...	0	1	1
		—	—	—
		7	9	16
		—	—	—

### THE INSPECTION CLINIC.

This is held at the Education Office, at 10 a.m., every morning except Thursday, on which day it is held at Gorleston for the benefit of Gorleston parents and teachers.

During the year 479 boys and 497 girls paid 2662 visits to the Clinic.

The number of boys excluded under the code during the year was 198 ; there were 57 on the excluded list at the beginning of the year, making the total number of excluded boys 255. The girls excluded during the year were 190, and together with 51 on the list at the beginning of the year makes 241. These children paid 1876 visits or 3.8 per head.

The number of children who came up but were not excluded include 187 boys and 201 girls.

The following table gives the various causes for which exclusion was necessary :—

CONDITION.			BOYS.	GIRLS.	TOTAL.
Impetigo	...	...	130	112	242
Ringworm of the head	...	...	11	11	22
Ringworm of the body	...	...	14	9	23
Scabies	...	...	4	5	9
Pediculosis	...	...	1	14	15
Conjunctivitis	...	...	8	3	11
Other skin complaints	...	...	3	7	10
General health	...	...	12	12	24
Phthisis	...	...	9	1	10
Chorea	...	...	1	2	3
Various	...	...	5	14	19
			<u>198</u>	<u>190</u>	<u>*387</u>

\*This figure 387 includes the 29 children excluded at Medical Inspection.

The children still on the excluded list on January 1st, 1915, are for the following :—

COMPLAINT			BOYS.	GIRLS.	TOTAL.
Impetigo	...	...	34	38	72
Ringworm of the head	...	...	7	18	25
Phthisis	...	...	8	3	11
General health	...	...	7	8	15
Chorea	...	...	0	2	2
Scabies	...	...	0	2	2
Pediculosis	...	...	0	2	2
Other skin diseases	...	...	0	1	1
Congenital heart disease	...	...	0	1	1
			<u>56</u>	<u>75</u>	<u>131</u>

It is interesting to note the decline in ringworm of the head. At the end of 1910 there were 100 cases still on the excluded list; at the end of 1911 there were 68 cases; 1912 there were 57; 1913, 33 cases, and at the end of 1914, 25 cases.